

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/356,239	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							
2	/							
3	0			1				
4	0			1				
5	0			1				
6	0			1				
7	0			1				
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50								
TOTAL IND.	1		1					
TOTAL DEP.	21	↔	18	↔				
TOTAL CLAIMS	22		19					